

PTO/5B/17 (11-04)

Approved for use through 07/31/2008. OMB 0851-0032  
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**FEE TRANSMITTAL  
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **1,330****Complete If Known**

Application Number	09/857,325
Filing Date	Feb 14 2002
First Named Inventor	ELLIOT, Robert
Examiner Name	L. B. Janice
Art Unit	1632
Attorney Docket No.	01115

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ None

Deposit Account Number	50-0545
Deposit Account Name	FACTOR 8 LAKE

The Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☐ Credit any overpayments

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☐ Other (please identify):

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**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$ **0****FEE CALCULATION (continued)****2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
32	25	9	225

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10	5	44	220

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Subtotal (2) \$ **445****3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	490
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(a) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	

Other: **RCE** **395**Subtotal (3) \$ **885****SUBMITTED BY**

Signature	<i>Matthew Kaser</i>	Registration No. (Attorney/Agent)	44,817	Telephone	56-537-2040
Name (Print/Type)	MATTHEW KASER	Date	20 Nov 2004		

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PTO/SB/17 (11-04)

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Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10	3 or HP = 5	44	220

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

**Subtotal (2) \$** 445**3. OTHER FEES**

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5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	

Other: RCE 395

**Subtotal (3) \$** 885**SUBMITTED BY**

Signature	<i>Matthew Kaser</i>
Name (Print/Type)	MATTHEW KASER

Registration No. 44,817  
(Attorney/Agent)

Telephone 510-557-2040

Date 20 Nov 2004

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